

Lipoma

General points

Lipoma are benign growths of adipose tissue

Diagnosis is usually clinical – USS is not routinely required to confirm the diagnosis, except in the case of masses greater than 5cm diameter.

Lipomas >5cm

All masses over 5cm diameter should be imaged to exclude sarcoma

Re-scan masses that have been previously diagnosed as benign if they have increased rapidly in size, have become painful or have developed other suspicious features.

If there is a low clinical suspicion of sarcoma, refer for ultrasound at RCHT via choose and book. The radiologist will arrange further imaging or management as required.

If there is a high clinical suspicion of sarcoma, please refer via the 2ww pathway for suspected sarcoma.

Even with a normal ultrasound or MRI scan, large lipomas are sometimes removed by plastic surgeons as slow-growing tumours are sometimes only detected histologically. The radiologists will refer on any masses they have suspicions about.

Suspected sarcoma

The following are the current criteria for considering a 2ww sarcoma referral

- Measured diameter exceeds 5cm (see above)
- Significant persistent pain that is not solely pressure related
- Rapid growth over a short period of time
- Deep fixity to muscle or fascia
- Prior malignancy – other than Basal Cell Carcinoma.

Once it is established that a lesion is not malignant the case is discharged from the pathway. The lipoma will not be removed in the absence of funding approval. Clinicians referring on this basis should make the patient explicitly aware of this.